X X	-1	Items 5,6 FOR STATE REGISTRAR	g530,4/l		ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE REG. NO	79-	04257
e me		DECEASED NAME	FIRST	WIDDLE		AST TO		MONTH DAY	YEAR 26 HOUR
ge 4 moy be ector, page	3.	sex male		RACE" White	5. DATE C		February 2. 6. AGE (IN YEARS LAST BIRT		9:00 AM
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OR DIRE		22b. SIGNATURE	ah To	view the body ofter death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	1 7 5,79
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ISI	CERTING DED 1	MEDICAL	21d. INJURY OCCURRED 21e	P. PLACE OF INJURY (AT HOME, 211. LOCATION STREET CITY OR TOWN COL	ΔΔ
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BIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201 CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AN RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RET. E. 35 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD E. 95 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BURIAL, CREMATION, OR REMOVAL.		18 CAUSE O	F DEATH (Enter ar	lly ane couse per li	ne for (a), (b)), and (c).)		_	1	/	/	20		APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 2	22- D				176-6	177010		DDRESS_	PK	INI	F F	XC	DEK		9.
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Prince Frederick. Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15 (4))

Spencer E. Sewell

79-04262

IN THE COLUMN PROPERTY AND AND ASSESSMENT OF THE PROPERTY OF T

STATE OF MARYLAND 79-04263 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE -CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) 6:18A Edmund KENNEDY Francis February 13. 1979 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX IF UNDER 24 HRS MONTH DAYS HOURS YEAR White 13 1902 76 Male Apr BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY MARRIED | NEVER MARRIED | COUNTRY Calvert County New York USA WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OF O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Prince Frederick Calvert Memorial Hospital Col. U.S.Army DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Calvert Broomes Isl. YES TX Box 47 NO [15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Brennan Elizabeth Kennedy, Sr. Daniel 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 2520 Oak GTEN Way Md. (YES, NO OR UNKNOWN) I LIF YES, GIVE WAR OR DATES) 097-01-2164 Edward F. Kennedy, Son, Forestville, Yes CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shows NOF YES [NO F 21a, ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216 TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 10 211 LOCATION 21d IN JURY OCCURRED 21e PLACE OF INILIRY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a. I certify that (1) (this hospital) attended the deceased from , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 226. DATE SIGNED ATTENDING MEDICAL STAFF TO FUNERAL E should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Kiourmarce Yazdani, M.D. Prince Frederick, Maryland 20678 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Burial STATE Arlington Natl. Cem Arlington, Virginia 2-16-79 BP 250. DATE REG DERY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR RODE E Wilhelm 4308 Suitland DHMH - 16 50M 7/77 (VR A 15 (4)) Rd., Suitland, Md. Funeral Home

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	DS, 3D1 W. PRESTON ST., XECUTED WITHIN 24 HOU G" IN PENCIL IN ITEM 18, GCAL EXAMINER ALONG V A BURIAL-TRANSIT PERMIT. A AND MENTAL HYGIENE, D ION, OR REMOVAL.		gave rise to couse (o) stati lying couse la:	ng the <u>under-</u>	(b) DUE TO, OR A	AS A CONSEQUENCE	OF					
	EXECUTEING IN PRICAL EXAL	13			(c)	UV WAY AF. 1972 PA VIII PA					Jen - L	
	BE I VOIN	NO	FAXE 2 OTHER SIGNIFIC	CONDITIONS CONTRI	IBUTING TO DEATH B	UI MUI KELAIED ID IME IER	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1 (a).				
	SHOULD ORD "PER CHIEF A CHIEF A CREATE USED A CREATE A CR	CERTIFICATION	196. DATE OF OPE	RATION	19b. CONDITI	ON FOR WHICH OPE	RATION WAS PERFOR	MED?	market (m.		20. AUTOPSY?	
	ATE SH THE CH THE CH TO BE U AENT O BURIAL	ERTIE	210 EXTERNAL CA	USEWAS	21b. TIME OF		21c. HOW INJURY	OCCURRED (ENTERN	HATURE OF INJURY IN ITEM 1	B PART 1 OR PAR	YES T	NO C
	ON OF V	CALC	UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH	H P.M.	MONTH DAY YEA	R					
	DIVISION OF VII WER: THIS CERTIFICATE SI CATE, WRITING THE WOS CATE, WRITING THE WOS FORWARDED TO THE OR. PAGE 3 SHOULD HE STATE DEPARTMENT OF HE STATE DEPARTMENT OF UD, 21201 PRIOR TO BURIA	MEDICAL	21d. INJURY OCCU WHILE NO AT WORK AT	T WHILE WORK	21e. PLACE O STREET, FACTO	FINJURY (ATHOME, DRY, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	cou	INTY	STATE
	LER: T CATE, PORW FORW POR: PV HE ST, ID, 212	30	22a. I certify tha	11 Hook charge af 1	he remoins desc	ribed above, held on	Autopsy ,	Inspection ,	Inquiry , a	nd in my opi	inion	
	RTIFIC RECTO		death resulted for	m: Naturolko	uses ,	Accident	vicide		ermined manner		. 1	5
	CAL EX		ACTUAL SIGNATURE	7 14	Vec	m		ist	ICAL EXAMINER	DATE	2/12	129
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21;	-	EXAMINER'S NAM (TYPE OR PRINT)	E George	J. Weem	s, M.D.	ADDRESS_	Huntingto	own, Maryl	and		
	PAT	23a. B	URIAL, CREMATION	REMOVAL 236. DA	ATE	23c. NAME OF CE	METERY OR CREMATO	DRY 23d. LO	CATION	COUN	TY SI	ATE
	BP	24. FI	UNERAL DIRECTOR	0-	16-14	1111 Olla		250. DATE RECID. BY	REGISTRAR 125 REC	SISTRAR'S SI	IGNATURE / 2	0.0
	DHMH - 17 (VR A15 ME (5)) 15M 7/77	F	Pausch	Fune-a	1 Home	5 CONING	15	,	-179	/	1	7

79-04264

				STATE OF	MARYLAND			
2		FOR	DEP	PARTMENT OF HEALT	H AND MENTAL H	YGIENE 7 0 0	1.265	
		REGISTRAR	MEDIC	CALEXAMINER'S	CERTIFICATE O	F DEATH I S REGU	4265	
		EASED NAME FIRST	Wit	DDLE	LAST	20. DATE KNOWN		YEAR 2b. HOUR
144	(TYPE	OR PRINT)	glas Wi	lliam MC	COY	OF ESTI- DEATH MATED [2 1 1	9 79 M
Service Service	3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS IF U	NDER 1 YR. IF UNDER 2		MONTH DAY	YEAR 2d HOUR
1	M	ale Black	MONTH DAY	YEAR LAST BIRTHDAY) MON		PRONOUNCED DEAD Febr	ו עייבויי	1979 1:4
1	7 - P.II	ale Dack	7b. CITIZEN OF WHAT	57 21 YRS. NA	MAINAI	I RAITIMORE CITY		
M		REIGN COUNTRY)	IISN	MARI		D DX		AIN
1		D.C.	U.J.F		WED DIVORCE	□ □ Calvert	County	MD
T		Y OR TOWN OF DEATH	THE NIOT IN STICH EACH ITS		HER INSTITUTION	12a. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	PE OF WORK 12b. KIND	D OF BUSINESS
1		ince Freder:			Hospital	Labor		
1	USUA 13a. S1	L RESIDENCE (IF IN NURSING HON	INTY / II3	CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
0		MD Ca	vert !	Sunderland	YES NO 1	Kents Road		
	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	14	act
9		Calvin		awlings	Josephin		MC	Con
ı	16a. V	AS DECEASED EVER IN U.S.	ARMED FORCES?	66. SOCIAL SECURITY NO.	17. INFORMANT	ADDRES	S	
/	(YE	S, NO, OR UNKNOWN) IF YES, G	IVE WAR OR DATES)	216-70-8300	Josephine	MC Coy Kents	Rd. Sund	erland
			only ane cause per line for		1			PROXIMATE INTERVAL
		PART I DEATH WAS CAU	SED BY:	(a), (b), and (g).)	11.1	10 40	BETWE	EEN ONSET AND DEATH
		0199 IMMED	IATE CAUSE (o)	LES LIES OF THE STATE OF THE ST	Tiles	there of		
AL.	7	Canditians, if any, whi		A CONSEQUENCE OF	might an	40, my	5.6.22	
ON, OR REMOVAL.		gave rise to immedia	ate (b)	 	1)10	Irla)		
		cause (a) stating the <u>und</u> lying cause last.	DUE TO, OR AS	A CONSEQUENCE OF				
		7	(c)					
		PART 2 DINER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT P	NOT RELATED TO THE TERMINAL DISEA	SE DR CONDITION GIVEN IN PAR	T 1 (a).		7 9 7
	O N							
-	3	190. DATE OF OPERATION	196. CONDITION	N FOR WHICH OPERATION	WAS PERFORMED?		20. AL	UTOPSY?
6	Ē						YE	ES NO L
	CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF IN		19W INJURY OCCURRED	CENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)	
		UNDERLYING OR CONTRIBUTING CAUSE C	OF DEATH P.M.	ONTH DAY YEAR	Auto A	rcident		
-	MEDICAL	214. INJURY OCCURRED	21e PLACE OF I	NJURY (AT HOME, 21f. Le	OCATION			
)	X	WHILE NOT WHILE	STREET, FACTORY,	(FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
10.00		AT WORK AT WORK						
7		22a. I certify that I took ch	orge of the remains describ	ed abave, held an Auto	psy , Inspection	Inquiry 1, o	and in my apinian	
		death resulted fram: No	atural causes . Ac	cident , Suicide L	, Homicide ,	Undetermined manner	,	
		4 4	11 10		TITLE (SPECIFY)			
		SIGNATURE /	veen	0	M.O. asol	MEDICAL EXAMINER	DATE SIGNE2-1	-79
die								
×	1000	(TYPE OR PRINT) Ge	orge J. Wee	ems, M.D.	ADDRESS Prine	ce Frederick	, Maryla	and20678
	23a.B	JRIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION		
	(5	Burial	Feb. 5-79	xx Patuxent	Chr. Cem.	Huntingtown	Calvert	
	24. FI	JNERAL DIRECTOR			25a. DATER	BE BYREGIS TO ASS. REC	SISTRARE SIGNAL	RE/ Seadle
		Spencer E. Sei	vell Prince	Frederick. Md		FD 1 1919	1	7

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South to the state of the state

STATE OF MARYLAND

Artur oscieratic Vasculur Disease

Charge J. Veems, H.D. Prince Frederick, Pervious 20076

. P. 1 -72 utt. - and Sc. com. Sunderland - Colvet utt.

La company to the contract of the contract of

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

MPORTANT: If Item 21 is marked or Item 18 shows any injury, an other troumatic event, the medical examine finust befinalitied of agree.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-04267

	OR PRINT)	tin	Joseph		HROTT	the SALES OF THE S	OFDEATH	1111	19		YEAR	3:5!	
3. SE:		4 RACE	Joseph				N YEARS LAST	8,		IF UNDER	11.05.0	If UNDER	
3. St.	10.0		agian	5. DATE C	DAY YEAR		N YEARS LAST	BIRTHDAY		MONTHS	DAYS	HOURS	MIN.
7. DI	Male		ASIAN	Jan.	15 1907	72	MORE CIT	V 00 CC	YRS.	V OF DE	4 TLI		
	OUNTRY)			MARRIEI	NEVER MARRIED	Cal		OK CC	INUC	OF DE	AIN		
10 C	Penna. ITY OR TOWN OF DEATH		S.A.	WIDOWE	DIVORCED DIVORCED		AL OCCUP	A TION		110	VINID O	F DUICINI	Α
Pr	ince Frederi	ck Calv	ert Memori	al Hos		(TYPE OF V	·Rest	ST OF WOR		(Wn	USTRY Er-S		:55 C
13a. S	Ma.	home or other instit Calvert	Lusby		13d. INSIDE CITY LIMITS YES 🛣 NO 🗌	87.00	ET ADDRES	Att			ηρΙσ	yed	
14. F.A	THER'S NAME FIRST John	MIDDLE C.	Schrött		is mother's maiden Gerti		мюон М.])eri	kart		
	WAS DECEASED EVER IN YES, NO OR UNKNOWN) (1	U.S. ARMED FORC	S1		17 INFORMANT		ADI	DRESS					1
	Yes	WWII	193-01	-6444	Helen R. S	chrott	- (s	ame	as	abo	ve)	40	Si
CERTIFICATION			NS CONTRIBUTING TO		NOT RELATED TO THE THE		UTOPSY?	20b	. IF YE	S, WERE	FINDIN	IGS USEE	H?
ERTI	210. ACCIDENT WAS UNDER	YING TO 21h TI	ME OF INJURY		21c. HOW INJURY OCC	YES [S D	PART 21	NO [)
	OR CONTRIBUTING CAU	SE OF DEATH HOU	R A.M. MONTH			Ouned (error	, remove or a				ran aj		
MEDICAL	(IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PL	P.M. ACE OF INJURY ME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	211. LOCATION STREET		CITY OR	TOWN		COUP	NIY	ST	ATE
	22a. I certify that (I) (th	is hospital) attend	- 10	andrea a	. 19	7 <u>G</u> , to	2_	18	,	19.7	,	that (I) (v	
	saw the deceased abave, (1) (we) (did	alive an (did not) view the	body ofter death.		d that in (my) (aur) opin	ion death occu	irred on the	dote a	nd hou				
	abave, (1) (we) (did 22b. SIGNATURE	(did not) view the	body ofter death.		DEGREE ATTENDING PHYSICIAN	MEDIC		44		226	DATE	SIGNED	
	abave, (1) (we) (did	(did not) view the	yy co		DEGREE	MEDIC DIRECT	AL S OR PHY	TAFF SICIAN		226	DATE	SIGNED	

Sonwince of the Convence

From the continue to the continue of the conti

NAME: Faith M. Tolson

DATE OF DEATH: February 3, 1979

PLACE OF DEATH: Calvert County

SEE: #79-04260

February, 1979 Calvert County



	It	ems 1,5,14 g520 2/26/79 gj STATE OF MARYLAND	
21		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	200
× 7		STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7 9 REGISTRAR	200
			MONTH DAY YEAR 25 HOUR
		PEOR PRINT) OF ESTI-	MONTH DAY YEAR 26 HOUR
S. E.S.		Brother H. I also DEATH MATED	194 JPIM
PLEASE ECTOR R-FILES HOURS STREET,	3. SEX		MONTH DAY YEAR 24 HOUR
Z Z S S S S S S S S S S S S S S S S S S		AND	2 3 1079 30M
AL DAY	₹n BI	INTERPRETATION TO THE PROPERTY OF WHAT COUNTRY?	COUNTY OF DEATH
PESS A PESS	FO	OREION COUNTY WARRIED NEVER MARRIED	COOKIT OF BIATH
S NECESSARY, PLEASE FUNERAL DIRECTOR 5 FOR YOUR FILES D, WITHIN 72 HOURS W PRESTON STREET,		VIA (1,5, A) WIDOWED DIVORCED (Cal	west Wante MD.
ELAY IS N TO THE FI PAGE 5 SE FILED, S 3301 W	10. CI	ITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE	OF WORK 12b. KIND OF BUSINESS) OR INDUSTRY
AY IS	/	Parallel (Market Company) (Market ADDRESS) FOR WORKER OF THE COMPANY OF THE COMPA	OK INDUSTRY
2. 21201 2. AND DELAY 2. AND 3 TO 11 3. RETAIN PAC SHOULD BE FILL FECORDS (30	USUA	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
ANY ANY SETAL		STATE 136 CUTY OR TOWN 136 (117 LIMITS? 13e. STREET ADDRESS /	0
21201 if ANY 3, AND 3, RETA SHOUL		Ma Vist, Copleto VES NO 5819 Cri	wy Il
ST., BALTIMORE, MD. 21 HOURS AFTER DEATH. IF 18. GIVE PAGES 1, 2, 4 G WITH FORM PM 3. MIT. PAGES 1 AND 2 SH MIT. PAGES 1 AND 2 SH IE, DIVISION OF WITH IR	14. FA	ATHER'S NAME IS MOTHER'S MAIDEN NAME	
RE, MD. DEATH GES 1, A PM AND 2 AND 3 AND		Fercy Tolson Thomas Flor M. Hamkins	LAST
SA SE	160 \		
BALTIMORE, IRS AFTER DE GIVE PAGE: WITH FORM WITH SORM DIVISION ON	(YI	CORP. DO COMPANY OF THE CONTRACT OF THE CONTRA	
TH AF		2/8-74-2584 Edna H. Talson - SA	H
ST., BA HOURS HOURS AG WIT MIT. PA	-	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ardd (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., HOLM 18 NA 18		PARTI DE ATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
ON S		G G G IMMEDIATE CAUSE (a) A CASCULATE CONTROL OF CONT	
PRESTON WITHIN 24 CIL IN ITE/ INER ALOT ANSIT PER MOVAL.	>	DUE TO, OR AS A CONSEQUENCE OF	
W. PRESTO WITHIN MINER A MRANSIT VTAL HYC EMOVAL		Conditions, if any, which gave rise to immediate (b)	
W. WENTER		couse (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
301 W CUTED IN PEI IN PEI IN MENTAL-1		lying couse lost.	
EXECUTED EXECUTED NG" IN PEI ICAL EXAN A BURIAL-1 I AND MER		(c)	
VITAL RECORDS, 301 W. PRESTON ST., I SHOULD BE EXECUTED WITHIN 24 HOU OND "PENDING" IN PENCIL IN ITEM 18, E CHIEF MEDICAL EXAMINER ALONG V BE USED SA & BURAL-IRANSIT PERMIT. IT OF HEALTH AND MENTAL HYGIENE, DRAM, OR REMOVAL.	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
COR NO BE NO BE AS AS A	CERTIFICATION		
SHOULD DRD "PER CHIEF A OF HEA MAL, CRE	¥	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
TALR HOUL CHIEF USED OF HE	F		YES NO
EXAMINER: THIS CERTIFICATE SHOIN OF UITAL CERTIFICATE. WRITING THE WORD. UITO BE FORWARDED TO THE CHIE DIRECTOR: PAGE 3 SHOULD BE US. WITH THE STATE DEPARTMENT OF ARRYLAND, 21201 PRIOR TO BURRAL, OF THE CHIE OF THE STATE OF TH	R	210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PA	
DIVISION OF V S CERTIFICATE ATTING THE W ROBED TO THE E 3 SHOULD E E DEPARTMEN' PRIOR TO BUR		UNDERLYING OR HOUSAM MONTH DAY YEAR	AT TORPART 23
ON THE COLOR	MEDICAL	CONTRIBUTING CAUSE OF DEATH 3 - P.M. 2 3 19 79 and Occupies	U
VISIOI CERTIF IING T GED TG 3 SHC DEPAR RIOR T	0	216 INJURY OCCURRED 216 PLACE OF INJURY (ATHOME, 21f. LOCATION	
DIVISION HIS CERT WRITING WARITING MARDED MARE DEPARE OF PRIOR PRI	Σ	WHILE AT WORK STREET FACTORY JARM, ETC.)	COUNTY THE STATE
D THIS WARI		AT WORK AT WORK TO GOVERN	all ma
ATE S		22a. I certify that I taak charge of the remains described above, held an Autopsy I, Inspection I, Inquiry I, and	in my opinion
EXAMINER CERTIFICATION BE FOI DIRECTOR: WITH THE ARYLAND.		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined monner ,	
REG B B STILL			/ /
AA VABOUTE OF THE NAME OF THE		ACTUAL TITLE (SPECIFY)	DATE 2/2/176
A HONE		SIGNATURE M.D. MEDICAL EXAMINER	SIGNED 4
OR OR		EXAMINER'S NAME (1/100 M)	- And
A PER DE	100	CAMINER'S NAME (VEC VNC) ADDRESS ALLIUM COM	IN THICK
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DECETOR: BALTIMORE, MARYLAND, 2	23a.B	SURJAL, CREMATION, REMOVAL 236, DATE / 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION .	
	7	Secretion of a lateral of the original of the secretion o	COUNTY THE
06, (686)	1/5	UNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 1256, REGIST	TRACE SIGNIATURE
DHMH - 17	0	PUNERAL DIRECTOR 1250. DATE REC'D. BY REGISTPAR 256. REGIST NAME 1 ADDRESS 1 ADDRESS 1 ADDRESS	LAG P.
(VR A15 ME (5))	11	dams temeral tomo (iguasco mod 10 3 1919 from	reymureous

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

79-04269

L DE							REG. N			
10000	CEASED NAME FIRST	,	MIDDLE	LAS	T		20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
(TYPE	E OR PRINT) William	David		WALLAC	CE Jr.	•	February 1	3, 1979		8:05
3 SE	X	4 RACE		5. DATE OF		1548	6. AGE (IN YEARS LAST BIRT		DER I YEAR	IF UNDER 24 H
	MALE	CAUCAS	SIAN	JUNE	100	1920	58	YRS.	HS DAYS	HOURS M
7a. 81	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER M	AARRIED [9. BALTIMORE CITY C	_	DEATH	
	VIRGINIA	US	5	WIDOWED		ORCED	Calve	ert		
10 C	ity or town of DEATH cince Frederick		HOSPITAL, NURSING HEACILITY, GIVE STREET A TT Memori			ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF LABOR		26 KIND C NOUSTRY LUMBE	R CO.
USÜ. 13a. S	STATE MD. 136 CAI	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	N 11	36. INSIDE CI YES 🔲	ITY LIMITS?	13e. STREET ADDRESS ADELT	NA ROAD		
14 FA	ATHER'S NAME WILLIAM	~DAVID	WÄLLAC			MAIDEN NA/	MIDDLE		B.	iggs
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUE		1 INFORMAL			ss RT		86-C
	(YES HOOPHNKNOWN) (IF YES G	I	230-16-5	5833	MARY	C. WALI	LACE PRINC	CE FREDE	RICK	, MD.
	gove rise to immediate couse (a), stating the underlying couse last.	(c)	r as a conseque							
CATION	couse (0), stoting the	DUE TO, OI		DEATH BUT N	10.58		INAL DISEASE OR CON	20b. IF YES, WE	RE FINDIN	NGS USED
TIFICATION	couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OI	ONTRIBUTING TO D	DEATH BUT N	10.58				ERE FINDING CAUSES	NGS USED
CAL CERTIFICATION	couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OI (c) CONDITIONS CO 19b. COND 19b. TIME O HOUR A.	DNTRIBUTING TO D	DEATH BUT N	WAS PERFOR	RMED	20a AUTOPSY?	206. IF YES, WE IN CERTIFYING YES	ERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OI (c) 19b COND 19b COND A 21b TIME O HOUR A. R) 21e PLACE	ONTRIBUTING TO D ITION FOR WHICH (OF INJURY M. MONTH DA M.	OPERATION AY YEAR 19	WAS PERFOR	RMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES THE TERM 18, PART 1	ERE FINDING CAUSES	NGS USED OF DEATH? NO
	COUSE (D), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (4-(this has sow the deceased alive county).	DUE TO, OI (c) CONDITIONS CO 19b. COND 19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE: (AT HOME, STE	DITRIBUTING TO D ITION FOR WHICH (OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM, ETC.)	WAS PERFOR	RMED JURY OCCURR DN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUIC	20b. IF YES, WE IN CERT IFY INC YES TO YES T	CAUSES OR PART 2)	NGS USED OF DEATH? NO STATE
	PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (#-(this has	DUE TO, OI (c) CONDITIONS CO 19b. COND 19b. COND 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE: (AT HOME, STE	DITRIBUTING TO D ITION FOR WHICH (OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	OPERATION OPERATION AY YEAR 19 ARM, ETC.) Ond	WAS PERFOR	RMED JURY OCCURF ON	YES NO RED (ENTER NATURE OF INJUICATION TO TERRILL ADDITIONAL STA	20b. IF YES, WE IN CERTIFYING YES TO THE TENT IS PART 1 WARY 13 19— Die ond hour ond	CAUSES OR PART 2)	NGS USED OF DEATH? NO STATE

DHMH - 16 50M 7/77* (VR A 15 (4))

BP.

24. FUNERAL DIRECTOR
DÖNALD V. BORGWARDT

PORT REPUBLIC, MD.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Milliam David Hallado us. Cobrusty 13, 1979 - 18865 CAUCHSTAK LENGT TO COLOR Frince execution Colvert | Managinal Managinal | Linch A CONTROL OF THE PARTY OF THE P Section the School of the State 1 70% . Company and the company of the com of economic and economic and nuccolar is Gorge Helms M.J. Herlingtonn, erytted 20039

G. DEPUTE NO. 1982 - 1982 - 12000

FOR

REGISTRAR

- STATE

WOOD BOX 192 POINT ROAD LUSBY. MD. 20657 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 20b. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? YES T NO F 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE , that (1) (we) lost 19 7 9 , and that in (my) (opinion dooth accurred on the date and hour and fram the causes stated 22c. DATE SIGNED 2/201 Prince Frederick, Md. 20678 COUNTY STATE CREMATTON METROPOLITAN CREMATORY FEB ALEXANDRIA VIRGINTA 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 DONALD V. BORGWARDT (VR A 15 (4)) PORT REPUBLIC. MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79-04270

1979

BD OF

19

2h HOUR

12b. KIND OF BUSINESS OR

EDUCAT

REG. NO